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Law Offices of

SENNIGER POWERS

One Metropolitan Square, 16th Floor
St. Louis, Missouri 63102

Telephone (314) 231-5400

Facsimile (314) 231-4342

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 3/21/05 ATTORNEY DOCKET NUMBER: KCC 4953
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: Examiner Kiliman
THIS FACSIMILE IS BEING SENT BY: Christopher Goff
NUMBER OF PAGES: 23 INCLUDING COVER SHEETTIME SENT: _____ OPERATOR'S NAME Tina

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
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Signature DateType of paper transmitted: Request for Continued Examination
and Amendment A filed with RCEApplicant's Name: Krzysik et al.Serial No. (Control No.): 10/659,968 Examiner: KilimanFiling Date: 9/11/03 Art Unit: 1773 Confirmation No.: 5032Application Title: LOTIONED TISSUE PRODUCT WITH IMPROVED STABILITYIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

FEE TRANSMITTAL

Application Number 10/659,968 Art Unit 1773
Filing Date September 11, 2003 Confirmation No. 5032
Inventor(s) Krzysik et al.
Examiner Name Kiliman
Attorney Docket Number KCC 4953 (K-C 18,752)

[] Applicant claims small entity status.


METHOD OF PAYMENT

- [X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
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FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____
2. [] EXCESS CLAIM FEES
- | | | | | | | | | | | | | |
|-------------------------------|-----------|---|-----------|------|---|----------|---|-----|------------|---|----|---------------|
| Total Claims | <u>71</u> | - | <u>63</u> | (HP) | = | <u>8</u> | x | Fee | <u>50</u> | = | \$ | <u>400.00</u> |
| Indep Claims | <u>4</u> | - | <u>3</u> | (HP) | = | <u>1</u> | x | Fee | <u>200</u> | = | \$ | <u>200.00</u> |
| Multiple Dependent Claims Fee | | | | | | | | | | | \$ | |
- (HP = highest number of claims paid for)
- Subtotal (2) \$ 600.00
3. [] APPLICATION SIZE FEE
- Total Pages _____ - 100 = _____ ÷ 50 = _____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)
- Subtotal (3) \$ _____
4. [X] OTHER FEE(S)
- | | |
|-------|---|
| [] | _____ month extension of time |
| [] | Information disclosure statement |
| [] | 37 CFR 1.17(q) processing fee |
| [] | Non-English specification |
| [] | Notice of Appeal |
| [] | Filing a brief in support of appeal |
| [] | Request for oral hearing |
| [X] | Other: <u>Request for Continued Examination</u> |
- Subtotal (4) \$ 790.00

TOTAL AMOUNT OF PAYMENT \$ 1,390.00


Christopher M. Goff, Reg. No. 41,785
Telephone: 314-231-5400

Date

March 21, 2005

CMG/LJH/cms